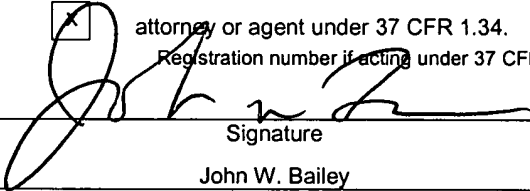


PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

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|   |   |  |                         |
|---|---|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | Docket Number (Optional)<br>0020-4976P |                         |
| Application Number<br>10/089,694-Conf. #005505  |   | Filed<br>April 3, 2002                 |                         |
| For <b>SUSTAINED-RELEASE DRUG FORMULATIONS</b>  |   |  |                         |
| Art Unit<br>1615  |   | Examiner<br>S. T. Tran                 |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |  |                         |
|   |   | <u>Fee</u>                             | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120                                  | \$60                    |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450                                  | \$225                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020                                 | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590                                 | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160                                 | \$1080                  |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |  |                         |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.   |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |  |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |  |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |   |  |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>32,881</u>   |   |  |                         |
|    |   | <u>September 13, 2005</u>              |                         |
| Signature   |   | Date                                   |                         |
| <u>John W. Bailey</u>   |   | <u>(703) 205-8000</u>                  |                         |
| Typed or printed name   |   | Telephone Number                       |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |  |                         |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted.  |  |                         |

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